

PAYROLL DEDUCTION AUTHORIZATION

***COMMUTER CHOICE PROGRAM
RAPID TRANSIT PASS***

AGENCY: _____

EMPLOYEE NAME: _____ Social Security Number: _____
(Please Print)

- ☐ I HEREBY AUTHORIZE MY EMPLOYER TO DEDUCT \$ _____ * FROM MY MONTHLY WAGES ON A PRE-TAX BASIS.
- ☐ I HEREBY AUTHORIZE MY EMPLOYER TO DEDUCT \$ _____ * FROM MY BI-WEEKLY WAGES ON A PRE-TAX BASIS.

* NOT TO EXCEED \$100 PER MONTH

- ☐ I HEREBY CANCEL MY PRE-TAX DEDUCTION FOR THE PURCHASE OF A TRANSIT PASS IN THE AMOUNT OF \$ _____ EFFECTIVE _____.

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- ♦ **I UNDERSTAND THAT BY PARTICIPATING IN THIS VOLUNTARY PROGRAM THAT MY REPORTED SALARY TO THE PUBLIC EMPLOYEES RETIREMENT ASSOCIATION (PERA) WILL BE REDUCED BY THE ABOVE DOLLAR AMOUNT. THIS MAY REDUCE MY HIGHEST AVERAGE SALARY CALCULATION AND THEREFORE ADVERSELY AFFECT MY RETIREMENT PAY, SHOULD I RETIRE WITHIN THREE YEARS OF THE EFFECTIVE DATE OF THIS AUTHORIZATION.**
- ♦ I WILL BE USING THE BENEFIT FOR MY REGULAR DAILY COMMUTE FROM HOME TO WORK AND RETURN. I WILL NOT GIVE, BARTER, CONVEY, OR OTHERWISE TRANSFER THIS BENEFIT TO ANY OTHER PERSON.
- ♦ I UNDERSTAND AND AGREE THAT FALSE CERTIFICATION MAY RESULT IN CORRECTIVE OR DISCIPLINARY ACTION TAKEN BY MY EMPLOYER UP TO AND INCLUDING DISMISSAL FROM EMPLOYMENT AND POSSIBLE PROSECUTION FOR FEDERAL INCOME TAX EVASION.

SIGNED: _____

DATE: _____

This form must be retained for three years.